

The System of Supports for People with Developmental Disabilities

BRIEFING REPORT

Vision

The future system of supports for people with developmental disabilities needs to meet more of the significant and growing unmet need, respond to the shift in consumer preferences toward community integration and self-direction, and support consumers to live in, contribute to, and participate in their communities as much as possible. It will need to rely on and support shared responsibility with individuals and families. Not only are those the directions preferred by most families and consumers, but they make the most efficient use of resources. Governor Gregoire has outlined the first steps toward this vision in her 2010 policy statement: Reforming How We Care for Washingtonians With Developmental Disabilities, and in her budget proposals for fiscal years 2011-2013.

What Challenges Are in Front of Us?

The current DDD system of supports reaches only 63% of the 38,000 Washington residents with a qualifying developmental disability. About 18,000 are under age eighteen and 20,000 are eighteen or older. The DSHS Aging and Disability Services Administration Division of Developmental Disabilities (DDD) provides support to approximately 24,000 people who are living in the community. Fewer than 900 people live in one of the five Residential Habilitation Centers (RHCs).

In the next decade the number of Washington residents with a developmental disability will increase to 51,000, driven by several factors:

- Medical advancements ensure that more medically fragile children survive and need supports.
- The impacts of public education, improvements in services, community inclusion programs, and family support initiatives have allowed people to remain in their own homes.
- Individuals with Disabilities Education Improvement Act, Head Start, Child Find, and other early intervention programs have identified children in need of service, increasing demand.
- People graduating from public school expect residential supports, employment, and day services.
- The prevalence of public school graduates has not increased in recent years but early identification and personal expectations have increased the demand for public services.

Washington serves proportionately more people in institutions than most other states. Changes are needed to increase the number of clients who receive safe, high quality integrated support in the community. These changes will also free up badly needed funds to extend better support for more clients and need to be accompanied by long-term investments to gradually build a system of supports to deliver better service.

Families, Advocates, and Consumers Point to Practical Challenges

Focus groups in 2010 involving a broad cross-section of about 100 families and self-advocates identified several areas of daily challenges:

- Getting personal care and respite help (particularly single parents and those without nearby relatives).
- Receiving medical and/or behavioral support in the community.
- Need for community options for people transitioning from institutions.
- Caregivers planning for “what happens when I’m gone?”
- Navigating the system and learning about practical issues, such as guardianship.
- Learning how to address the unique social and learning needs of children with autism.

- Using public transportation.

Where Are We Going?

To best prepare for the challenges of the next decade will require several key areas of strategic focus:

- Greater reliance (with improved supports) on families of both children and adults.
- Greater investment in locally available and community based options that help people live in their community.
- Greater investment in support directed by consumers and their families.
- Commitment to individual and family, strengths-based, assessment and service planning.
- Services that recognize family caregivers are providing support for longer periods of their lives and the caregivers are aging.
- Making added investment in community supports and focusing critical expertise currently at RHCs toward future community needs.

How Will We Get There?

Governor Gregoire proposes next steps in her 2011-2013 budget and policy proposals:

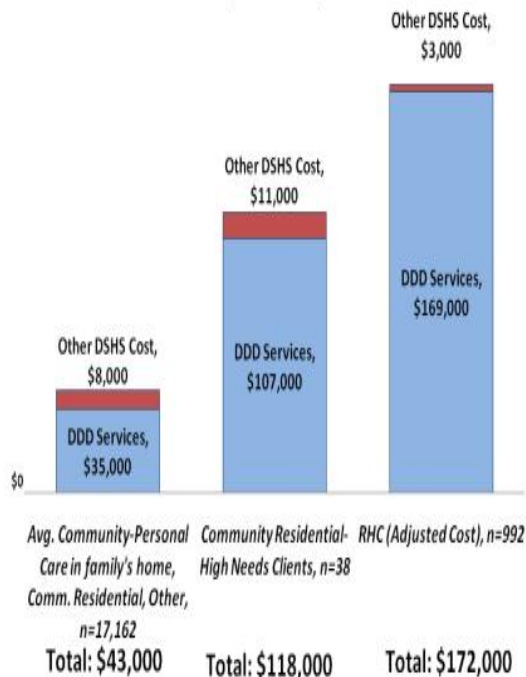
- Gain efficiency in difficult financial times by reducing the number of RHCs from five to three.
- Increase staff capacity to support people transitioning from RHCs to community living.
- With individual planning, assessment, and consultation with families, help current residents of Frances Haddon Morgan Center and Yakima Valley School transfer to other RHCs, to new State Operated Living Alternatives (SOLAs), or to Supported Living.
- Strengthen community supports in key areas:
 - Create state-operated short-term crisis stabilization for children and adults (staffed by state employees similar to the SOLAs).
 - Shift respite capacity concentrated in Yakima Valley RHC to community beds throughout the state.
 - Create a professional consulting team (“treatment team”) to support and consult with transitioning RHC residents living at new SOLAs, and with medical providers, families, and other community clients.
- Recognize that children thrive best with community supports near their families and local schools, and limit new RHC admissions to adults.
- Invest in additional “Critical Community Placements” as an appropriate and cost effective alternative for people with developmental disabilities exiting Children’s Administration care, the state hospitals, and corrections.

Investing in the Community While Re-envisioning the Role of RHC Staff

Determining the right capacity for the components of the DDD system of supports needs to first recognize the current and future preferences on the part of DDD consumers for community integration, inclusion, and participation. Secondly, it is important that expenditures of public funds respond to that demand by making community options more available. A related question is how to capitalize on the staff expertise that currently exists in the RHCs. Most analyses recommend continued phased downsizing of institutions and a change in staff role to support communities with crisis stabilization, community consultation teams, and ambulatory care/clinical outreach services, with a particular focus on providing support to people with autism and/or complex behavioral and medical needs.

Average Annual DSHS Services Cost for DDD Clients

FY2008, Total Funds, Rounded



A 2010 DSHS analysis found that annual costs in Fiscal Year 2008 were about 30% less in community residential than in RHCs for similar clients, even when considering other costs such as medical, case management, and economic assistance.

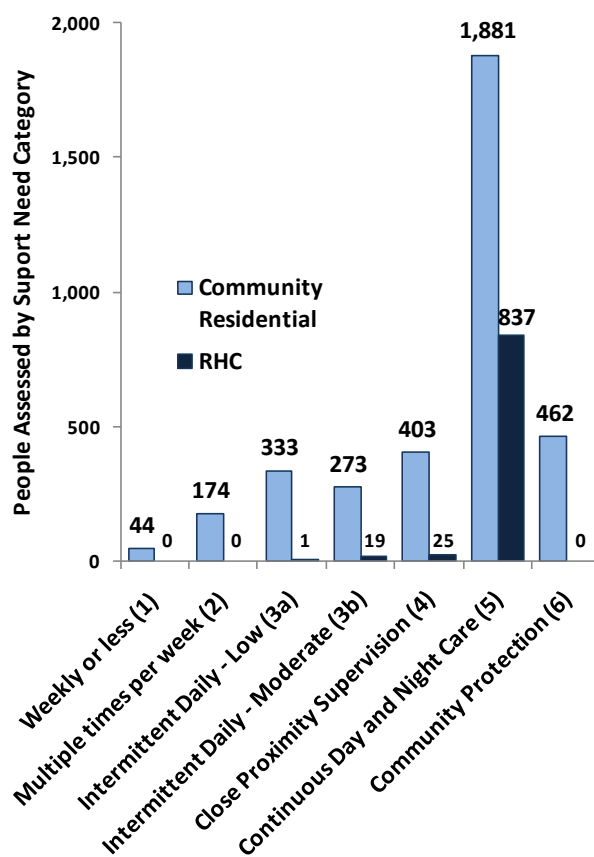
An independent review of the methodology of this analysis was conducted by Mercer Government Human Services Consulting (January 2011), which found that:

- The general conclusion is reasonable and in line with national studies.
- The analysis and methodology take the most relevant cost items into account to make an apples-to-apples comparison.
- Enhancements to the analysis would likely not have a material impact on the conclusion, and would be resource intensive and costly to perform.

While Costs Differ, People with High Support Needs are Served in Both Community Residential and RHCs

To allow for better planning and comparisons across programs, an assessment of the support needs of all current RHC residents has been performed, based on a request from the Governor and Legislature.

In 2010, nearly all of the RHC residents had high support needs. However, over twice as many people with high support needs were served in community residential (about 2,300) than in RHCs (about 900). ("High support needs" meaning close proximity supervision, Level 4; or day and night care, Level 5.)



DSHS Research and Data Analysis Division will be publishing additional information in 2011 on support need detail (February) and updated cost comparisons (June).